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U.S. PTO

UTILITY PATENT APPLICATION	TRANSMITTAL
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Address to: <b>Box PATENT APPLICATION</b> Commissioner of Patents  P.O. Box 1450  Alexandria, VA 22313-1450		Attorney Dock	et No.	KUOT3010/EM	J.S. 844					
		First Named II (or identifier)	ventor	Tai-Chih KUO	02/ 0/79					
		Total Pages		52	1927					
Transmitted herewith is a patent application under 37 CFR 1.53(b).										
Entitled: Method For Purification, Modification and Immobilization of Recombinant Protein										
⊠ 1. Submitted	Submitted herewith are the following:									
13 pages of specification, including claims and Abstract. 5 sheets of FORMAL drawings (Figs.1-5 ). 22 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Industrial Technology Research Institute, Hsinchu, Taiwan R.O.C.  Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no Priority is claimed. 1 check in the amount of \$846 (\$806- Filing Fee; \$40- Assignment Recordation Fee).  ■ SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.										
any fees r	any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.									
	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed									
	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed									
□ 6. Other:										
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.										
	THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00				
Total Claims:	22	- 20 =		2.00	2X \$18 =	\$36.00				
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176			0	X \$86 =	\$0.00 \$0.00					
			Multiple D	Multiple Dependent Claim (add \$290.00):  Subtotal:						
			50% F	50% Reduction if Small Entity Status:						
Phone: 703-683-0500 Fax: 703-683-10			)3-683-1080		50% Reduction if Small Entity Status: \$0.00  Total: \$806.00					
Date:	Name:		Signature:		Reg. No.					
3/12/04	<del></del>			0						